

**LIU & LIU**  
ATTORNEYS AT LAW

CITIGROUP CENTER, SUITE 1750  
444 SOUTH FLOWER STREET  
LOS ANGELES, CALIFORNIA 90071 USA  
TEL: (213) 830-5740  
FAX: (213) 830-5741  
www.liulaw.com

**RECEIVED**  
**CENTRAL FAX CENTER**

**MAR 27 2007**

<b>To:</b> (GAU 3737) USPTO	<b>From:</b> Julie Nguyen
<b>Fax:</b> (571) 273-8300	<b>Pages:</b> 4
<b>Phone:</b>	<b>Date:</b> 3/27/07 2:21 PM
<b>Re:</b> Serial No.: 10/668,801	<b>CC:</b>
Our Docket No.: 1179/214	

☒ **Urgent**    ☒ **For Review**    ☐ **Please Comment**    ☒ **Please Reply**    ☐ **Please Recycle**

**This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Liu & Liu immediately by telephone or facsimile and return it promptly by mail.**

**• Comments:**

Please see the attached (3) Power of Attorney and Correspondence Address Indication Forms for the above-referenced U.S. patent application.

MAR 27 2007

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0851-0038  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/668,801
Filing Date	09/23/2003
First Named Inventor	Ho et. al.
Title	RAPID & NON-INVASIVE OPTICAL ...
Art Unit	3737
Examiner Name	Koh, James M.
Attorney Docket Number	1179/214

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Person(s) associated with the Customer Number: **26588**

OR

☐ Person(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

☐ Firm or Individual Name

Address

City State Zip

Country

Telephone Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Winston Z. Ho</i>	Date	March 22, 2007
Name	Winston Z. Ho	Telephone	
Title and Company	Applicant of Record		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22213-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

MAR 27 2007

PTO/SB/01 (01-00)  
Approved for use through 12/31/2008. QMS 0851-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/668,801
	Filing Date	09/23/2003
	First Named Inventor	Ho et al.
	Title	RAPID & NON-INVASIVE OPTICAL ...
	Art Unit	3737
	Examiner Name	Kish, James M.
	Attorney Docket Number	1179/214

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: **26588**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City State Zip

Country

Telephone Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/90)

SIGNATURE of Applicant or Assignee of Record

Signature Date March 27, 2007

Name Fu-Nan Wang Telephone

Title and Company Applicant of Record

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including reviewing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

MAR 27 2007

# BEST AVAILABLE COPY

PTO/SB/81 (01-06)

Approved for use through 12/31/2008, OMB 0661-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/668,801
	Filing Date	09/23/2003
	First Named Inventor	Ho et al.
	Title	RAPID & NON-INVASIVE OPTICAL ...
	Art Unit	3737
	Examiner Name	Kish, James M.
	Attorney Docket Number	T179/214

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: **26588**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

Country

Telephone

State

Zip


Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	March 22, 2007
Name	Bu Young Suh	Telephone	213-494-9750
Title and Company	Applicant of Record		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.